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CENTRAL FAX CENTER**TELECOPIER COVER SHEET****APR 26 2006****April 26, 2006**

To: Assistant Commissioner for Patents	From: Estella Pineiro Patent Administrator 818-493-2251
Attention: TECHNOLOGY CENTER 3700 Examiner: Bryan M. Jackson Art Unit: 3762	ST. JUDE MEDICAL CRMD 15900 Valley View Court Sylmar, California 91392-9221
Telecopier: 571-273-8300	Telecopier: 818/362-4795
RE: Filing of Amendment App. No.: 10/728,500 Filed: 12/05/2003 Docket No.: A03P1078US01 Confirmation No. 9708	Number of pages being sent: <u>13</u> (including cover page)

PLEASE DELIVER TO EXAMINER BRYAN JACKSON, Art Unit 3762.
Thank you.

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CENTRAL FAX CENTER PATENT

APR 26 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Paul A. Levine

Confirmation No.: 9708

Serial No.: 10/728,500

Examiner: Bryan M. Jackson

Filed: 12/05/2003

Art Unit: 3762

Docket No.: A03P1078US01

For: METHOD AND APPARATUS FOR IMPROVING SPECIFICITY OF
ATRIAL TACHYCARDIA DETECTION TECHNIQUES IN DUAL-
UNIPOLAR OR DUAL-BIPOLAR IMPLANTABLE CARDIAC
STIMULATION SYSTEMSTRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILINGMail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

X Amendment
X Power of Attorney...
X Transmittal Letter, Fee and Cert. of Mailing

I hereby certify that this correspondence is being facsimile transmitted to
the United States Patent and Trademark Office on:

April 26, 2006


Estelita Pinheiro Date 4/26/06

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APR 26 2006

PATENT

CALCULATION OF FEES						
ITEM		NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE	\$ FEE
A	TOTAL CLAIMS FEE	19	20	0	X \$ 50	\$ 0
B	INDEPENDENT CLAIMS FEE**	3	3	0	X \$200	0
C	MULTIPLE- DEPENDENT				X \$ 360	0
D	EXTENSION OF TIME FEE — 1-mon: \$120; 2-mon: \$450; 3-mon: \$1,020; 4-mon: \$1,590; 5-mon: \$2,160					0
E	ADDITIONAL FEES (i.e., Surcharge — Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.) Specify:					0
F	TOTAL ADDITIONAL FEE** (ADD TOTALS FOR LINES A,B,C,D, and E)					\$0**

<input checked="" type="checkbox"/> Charge Deposit Account No. 16-0068 the amount of	\$0**	A copy of this letter is enclosed.
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☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068

☒ Any additional filing fees required under 37 CFR 1.16.

☒ Any patent application processing fees under 37 CFR 1.17.

☒ The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068

☒ Any patent application processing fees under 37 CFR 1.17.

☒ Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

26 APR 2006
Date

David S. Sarisky
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CUSTOMER NUMBER: 36802